

Bulletin Number: MMP 22-46

Distribution: Medical Suppliers, Practitioners, Medicaid Health Plans (MHPs), Integrated Care Organizations (ICOs), Hospitals, Clinics

Issued: December 1, 2022

Subject: Revisions to Pneumatic Compressors and Appliances (Lymphedema Pumps) Policy

Effective: January 1, 2023

Programs Affected: Medicaid, Children's Special Health Care Services (CSHCS), Healthy Michigan Plan

This policy applies to Medicaid Fee-for-Service (FFS). Medicaid Health Plans (MHP) must provide the full range of covered services described in this policy at a minimum and may choose to provide services over and above those specified. For beneficiaries enrolled in an MHP, the provider must check with the beneficiary's health plan for prior authorization (PA) requirements.

This bulletin announces revisions to the pneumatic compressors (lymphedema pumps) and appliances policy to incorporate a new type of compression device (non-pneumatic compressor), effective January 1, 2023.

New Definition

Lymphedema compressors (pump) and appliances (sleeve/garment) apply pressure to a limb to remove excess fluid from the limb. The compressor may be pneumatic (uses air to compress) or non-pneumatic (other compression mechanism used such as nickel-titanium shape-memory alloy). The compressor and appliance may be either non-segmented (single chamber) or segmented (multiple chambers) with or without calibrated gradient pressure.

Update to Standards of Coverage

A pneumatic or non-pneumatic compression device may be covered only as a treatment of last resort (e.g., other less intensive treatment has not been effective).

Prior Authorization

Prior authorization is required for all compressors and appliances. Coverage will only be provided for one type of compressor (pneumatic or non-pneumatic).

Addition to Payment Rules

For purchased items, the manufacturer's warranty must be exhausted prior to submitting a request for a repair to the device or for replacement part(s).

All other policy standards of coverage, documentation, prior authorization, and payment rules remain unchanged.

Manual Maintenance

Retain this bulletin until the information is incorporated into the MDHHS Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Typical Providers may phone toll-free 1-800-292-2550. Atypical Providers may phone toll-free 1-800-979-4662.

An electronic copy of this document is available at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms.

Approved



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